MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT				NO.	DEP.	NO.	DEP.	NO.	DEP.
	NO.	DEP.	NO.	DEP.	NO.	DEP.								
1								51						
2								52						
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46								96						
47								97						
48								98						
49								99						
50								100						
TOTAL NO.								TOTAL NO.						
TOTAL DEP.								TOTAL DEP.						